
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: PATWARDHAN, et al.

Application No.: 10/707,208

Filed: November 26, 2003

Title: INTEGRATED CIRCUIT DEVICE
PACKAGE HAVING A SUPPORT COATING
FOR IMPROVED RELIABILITY DURING
TEMPERATURE CYCLING

Attorney Docket No.: NSC1P131X3

Examiner: Vikki H. Trinh

Group: 2814

Confirmation No.: 1207

CERTIFICATE OF EFS-WEB TRANSMISSION

I hereby certify that this correspondence is being transmitted electronically through EFS-WEB to the Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450 on December 13, 2007.

Signed: /swx/
Susan W. Xu

NOTICE OF APPEAL

Mail Stop AF
Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicants hereby appeal to the Board of Appeals from the decision of the Primary Examiner mailed September 13, 2007 finally rejecting Claims 8-13, 21, 25-27 and 32.

The item(s) checked below are appropriate:

Appeal Fee: ☐ \$255.00 (Small Entity) ☒ \$510.00 (Large Entity)

The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply:

☐ Applicant petitions for an extension of time under 37 CFR 1.136 (fees: 37 CFR 1.17(a)-(d)) for the total number of months checked below:

	<u>Months</u>	<u>Large Entity</u>	<u>Small Entity</u>
<input type="checkbox"/>	one	\$120.00	\$ 60.00
<input type="checkbox"/>	two	\$450.00	\$225.00
<input type="checkbox"/>	three	\$1,020.00	\$510.00

If an additional extension of time is required, please consider this a petition therefor.

☐ An extension for _____ month(s) has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

☒ Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

Total Fee Due

Notice of Appeal Fee	\$510.00
Extension Fee (if any)	\$

Total Fee Due	\$510.00
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☐ Enclosed is Check No. _____ in the amount of \$ _____.

☒ Please charge the required fees and any additional fees or credit any overpayment to Deposit Account No. 500388, (Order No. NSC1P131X3).

Respectfully submitted,
BEYER WEAVER LLP

/justinwhite/
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December 13, 2007

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